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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5					
American Dental	Association Pol	litical Action Co	mmittee					
	1111 14th Street, NW							
ADDRESS (number and street)	Suite 1100							
(Check if address is changed)	Washington		DC , 20005					
	CI	TY	STATE	ZIP CODE				
COMMITTEE'S E-MAIL ADDRESS	S (Please provide only one e-m , taylorc@ada.org	nail address)						
(Check if address								
is changed)								
COMMITTEE'S WEB PAGE ADDI	RESS (URL)							
(Check if address								
is changed)								
2. DATE 10 / 19	2011							
3. FEC IDENTIFICATION NUMBER C C00000729								
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)						
I certify that I have examined this	Statement and to the best o	f my knowledge and belief it	is true, correct and cor	mplete.				
Type or Print Name of Treasurer	Dr Richard Huot							
Signature of Treasurer Dr Richa	rd Huot	[Electronically Filed]	Date 10	19 / 2011				
NOTE: Submission of false, erroneo	us, or incomplete information man	ay subject the person signing the	nis Statement to the pena	alties of 2 U.S.C. §437g.				

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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